

## FOOD SERVICE REQUEST (7500)

(Revised 1996)

Date \_\_\_\_\_  
Resource Order No. \_\_\_\_\_  
Incident No. \_\_\_\_\_

### I. NUMBER OF MEALS

a. Meal Date and Time:

Date: \_\_\_\_\_ Time of First Meal: \_\_\_\_\_

b. Estimated Number of Meals Ordered for First Three Meals:

1st Meal \_\_\_\_\_ ☐ Breakfast ☐ Sack Lunch ☐ Buffet Lunch ☐ Dinner

2nd Meal \_\_\_\_\_ ☐ Breakfast ☐ Sack Lunch ☐ Buffet Lunch ☐ Dinner

3rd Meal \_\_\_\_\_ ☐ Breakfast ☐ Sack Lunch ☐ Buffet Lunch ☐ Dinner

### II. LOCATION

a. Report to Facilities Unit Leader \_\_\_\_\_  
at \_\_\_\_\_

b. Estimated Time of Arrival (to be made by Contractor) \_\_\_\_\_

### III. SUPPORT TO MOBILE FOOD SERVICE UNIT

a. Food Unit Leader \_\_\_\_\_

b. Nearest Potable Water \_\_\_\_\_

c. Kitchen Units Ordered \_\_\_\_\_

d. Refrigerated Storage Unit for Government Storage Ordered? \_\_\_\_\_ Yes \_\_\_\_\_ No

e. Gray Water Pumper Ordered? \_\_\_\_\_ Yes \_\_\_\_\_ No

f. Extra Potable Water Truck Ordered? \_\_\_\_\_ Yes \_\_\_\_\_ No

g. Department of Health Notified? \_\_\_\_\_ Yes \_\_\_\_\_ No

### IV. ESTIMATES OF DURATION/TOTAL NEED (Best Estimate - Not an Order)

a. Anticipated Duration of Incident \_\_\_\_\_

b. Number of Personnel at Peak of Incident \_\_\_\_\_

c. Spike Camps? \_\_\_\_\_ Yes \_\_\_\_\_ No Number \_\_\_\_\_ No. of Meals \_\_\_\_\_

### V. FOR FURTHER INFORMATION

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Remarks: \_\_\_\_\_

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